



OUTDOOR LEADERSHIP EXPERIENCE

A Leadership Academy Program YMCA CAMP LAKEWOOD October 7–10, 2015

As a member of the yearlong Leadership Academy, your learning will be focused on the improvement of leadership performance as articulated in Missouri's Leader Standards and Quality Indicators. The Leadership Academy continues to emphasize the importance of building capacity of instructional practices correlated to high academic achievement for students.

This Outdoor Leadership Experience is an integral part of the program, which will be held at YMCA Camp Lakewood in Potosi, Missouri.

YMCA Camp Lakewood

YMCA Camp Lakewood is located 75 miles south of St. Louis between Potosi and Steelville, Missouri on 5,200 acres adjacent to the Mark Twain National Forest, with a private 360-acre lake. Lodging is in modern but rustic climate-controlled cabins. Participant should bring his/her bedding (sheets, blanket, pillows, etc.) and toiletries (shampoo, soap, toothpaste, etc.). Fall is a spectacular time of year at Camp Lakewood, so feel free to bring a camera to capture the beauty of the fall foliage during your free time.

Registration Fee

\$300 Includes dormitory-style lodging for three nights and all meals (Wednesday dinner through Saturday breakfast).

Registration Deadline

Registrations will be accepted until September 2, 2015. The registration fee must be paid by that date as well.

To register contact (or complete second page):

Kelly Adams

By Phone: 573-438-2154 or 314-241-9622 ext. 114

By E-Mail: kelly.adams@ymcastlouis.org Online at: www.ymcaoftheozarks.org/OLE

Outdoor Leadership Experience Registration Form: October 7-10, 2015 Each participant must fill out an individual form. Name: Address: _____ City: _____ Cell phone: (_______ E-mail address: _____ Region: District: School Name: Position: DIETARY Are you a vegetarian? upon vegetarian (no pork or beef) Pesco (no pork, beef or chicken) Lacto-ovo (no beef, pork, chicken, seafood or fish) Vegan (no meats, eggs or dairy) Other: Do you have any food allergies? \square no \square yes If yes, list: _____ MEDICAL Do you have any medical conditions/concerns? \square no \square yes If yes, list: **PAYMENT METHOD** (ALL payments must be received at least 30 days prior to event.) ☐ Check for \$300 enclosed (make check payable to YMCA of the Ozarks) Purchase Order for \$300 Purchase Order #: _____ Name on card: Exp. Date: CC #: _____ CID #: Check here to signify electronic signature, and either type name/date or sign name/date. **REGISTRATION FORM SUBMISSION** Note: This form is interactive. If you are viewing this online or as an email attachment, the information can be typed in directly on the form and either printed off for mailing or faxing, or you may e-mail the form back to us. If you've received this as a hard copy, please mail in with payment or PO #. Thank you. By Mail (for all payments) Kellv Adams By Fax (for credit cards or PO's) Attn: Kelly Adams By E-Mail (for credit cards or PO's) kelly.adams@ymcastlouis.org 573-438-3913 YMCA of the Ozarks 13528 State Hwy AA Potosi, MO 63664 For Office Use Only Date received: _____ Confirmation sent: _____ Check #: _____